



Motor Vehicle Division

26-0501 R12/04 www.azdot.gov

Mail Drop 535M
Insurance Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

CERTIFICATE OF SELF-INSURANCE APPLICATION

Applicant Name			
Doing Business As (DBA) or Subsidiaries (that you wish to include for coverage)			
Mailing Address		City	State Zip
Coverage Type <input type="checkbox"/> Public Liability Only <input type="checkbox"/> Public Liability and Property Damage			Number of Vehicles in Fleet
Nature of Your Business (check all that apply) <input type="checkbox"/> Transport non-hazardous waste <input type="checkbox"/> Transport hazardous materials (enter type, class and weight below) <input type="checkbox"/> Transport 16 or more passengers per vehicle <input type="checkbox"/> Transport less than 16 passengers per vehicle <input type="checkbox"/> Transport less than 7 passengers per vehicle, on a non-fixed route (taxi service) <input type="checkbox"/> None of the above			
Hazardous Materials (Type/Class/Weight)			

Accidents – List accident in which your vehicles were involved during the 3 calendar years prior to this year.	Calendar Year	Calendar Year	Calendar Year
Total Number of Accidents			
Total Number of Accident Claims Filed Against You			
Personal Injury – Settled by Payment			
Personal Injury – Settled Without Payment			
Personal Injury – Still Pending			
Personal Injury Total			
Property Damage – Settled by Payment			
Property Damage – Settled Without Payment			
Property Damage – Still Pending			
Property Damage Total...			

☐ Yes ☐ No Do you have reserve funds for accident claims? If Yes, where is this located on your attached balance sheet?

Location On Balance Sheet

I certify that the information above and on all attachments is true and correct to the best of my knowledge. I agree to submit a revised balance sheet and application in the event of any major development that will adversely effect the ability of the company to satisfy judgments.

Applicant Signature		Official Title	
Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires

MVD Use	Date Received	Results <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reviewer	Date Reviewed
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Self-Insurance Application Information

Minimum Number of Registered Vehicles

10 All vehicles must be currently registered in Arizona, in the name of the applicant.

Types of Coverage Authorized by Self-Insurance

Public liability and/or property damage.

Deadline for Filing Application

The application may be submitted 60 days prior to the expiration date of June 30. However, it must be received no later than June 01, to avoid delay in the issuance of the Certificate.

Certification Period

Once a Certificate has been issued, it is valid until canceled. A Certificate may be canceled for reasonable grounds. A self-insurer will be given 5 days notice and a hearing prior to cancellation.

Filing Requirements

The application must be notarized and must contain:

- Three-year accident/loss history (last 3 calendar years)
- Reserve funding amounts
- List of all pending claims
- One of the following:
 - 1) Current profit and loss statement, and a balance sheet certified by a Certified Public Accountant (CPA). Instead of a balance sheet, the last annual report issued within 12 months of the date of application, and certified by a CPA, may be submitted.
 - 2) A one million dollar bond with a surety company authorized to transact business in Arizona.

A new application does not need to be submitted annually, unless requested. Only a current vehicle listing and a balance sheet certification by a CPA must be submitted before July 01 each year.

General Requirements

Evidence of financial responsibility must be carried in a vehicle at all times. A copy of a Certificate must be carried in each vehicle for which issued. A self-insurer must notify the Motor Vehicle Division in writing of any vehicle to be added or removed from the insurance coverage. If self-insurance is no longer desired, new evidence of financial responsibility for all vehicles previously covered by self-insurance must be submitted.

For More Information

MAIL DROP 535M
INSURANCE UNIT
MOTOR VEHICLE DIVISION
PO BOX 2100
PHOENIX AZ 85001-2100

602-712-4300